

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2							52		1				
3							53		1				
4							54		1				
5							55						
6		51					56						
7		41					57						
8	1						58						
9							59						
10							60						
11							61						
12							62						
13	1						63						
14							64						
15							65						
16							66						
17							67						
18	1						68						
19							69						
20							70						
21							71						
22							72						
23		41					73						
24	1	41					74						
25							75						
26	1						76						
27							77						
28		41					78						
29		41					79						
30		41					80						
31		41					81						
32	1						82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44	1						94						
45							95						
46							96						
47		21					97						
48		41					98						
49	1						99						
50							100						
TOTAL IND.	10	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	70	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	80						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS